

STATEMENT ON HOSPITAL MORBIDITY REPORTING*

Intelligent planning for the prevention of illness as well as for the care of the sick in a community depends upon an accurate knowledge of the extent of sickness. For many years health departments have gathered reports of communicable diseases to provide a basis for epidemiological studies. From time to time additions are made to the list of reportable diseases. These statistics, primarily designed to ascertain the prevalence and spread of infection, together with mortality statistics, are the only source of quantitative data regularly available for community planning for health.

Important as these two sets of figures are, they leave untouched a vast reservoir of illness. The reportable diseases do not include the conditions which cause the greatest amount of illness, and it has long been recognized that mortality figures do not give a true picture of the prevailing state of health. Each person dies but once, but he may have many illnesses, and it is the sum of these illnesses for the whole population that mirrors the state of a community's health.

Purposes other than the control of infectious disease may be served by the collection of general morbidity statistics. A community needs to know the extent of all its health problems in order to work toward their solution and to evaluate progress toward that goal. The operation of welfare programs, such as vocational rehabilitation, must be based on a knowledge of the extent of the need for such assistance. The present efforts to delve into the vast problem of chronic illness can be carried forward only if reasonably accurate information is available as to the number of persons afflicted. A relatively new use for morbidity figures has arisen from the development of hospital and medical insurance plans. Moreover, in the present world crisis the need to utilize the country's manpower to the best advantage suggests a need for employment of the handicapped, whose numbers and conditions

must first be known.¹ Another aspect related to the uneasy world situation is that civil defense authorities must plan for health service in case of attack.

In England health authorities pressed for many years for a system of morbidity reporting, and several schemes are now in operation. So important was the health of the people during the recent war that beginning in 1943 a survey at regular intervals of representative samples of the population was initiated as a means of finding out how the general health was bearing up under wartime conditions. This plan has fulfilled its purpose so well that it is being continued in spite of financial strain. Recently an experiment in collecting hospital morbidity statistics has been begun for the express purpose of improving the efficiency of the institutions. All the teaching hospitals in England and Wales and hospitals of all types within a sample county and a sample city are sending records of their discharged patients to the central Register. It has been reported that this information is not only valuable for research, but has been of great help to the hospitals themselves in their teaching of medical students.²

Only rarely have attempts been made in the United States to ascertain the extent of disabling illness. In the federal censuses of 1880 and 1890, some information was obtained on a portion of the population, and conclusions were drawn, though with reservations because of the doubtful accuracy of the returns. In 1935-1936 the U. S. Public Health Service conducted a health survey covering about 2,000,000 people in eighty-three cities in 18 states distributed throughout the country.³ Other than these, studies of the prevalence of illness have been made only in a limited number of areas and for special purposes.

Most sickness surveys have dealt with conditions at a point in time. The Committee on Public Health Relations in 1918⁴ made one of the first which showed the prevalence

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of illness during a flow of time; it covered a period of one year. A similar study over more than two years was made by the Public Health Service in Hagerstown, Maryland, and published through the years 1926 to 1929.⁵ Another was that in the Eastern Health District of Baltimore from 1938 to 1943.⁶ Collins has recently made a comprehensive review of the various surveys.⁷

Although hospitalized illness is only a part of the total morbidity, it is a major part, the records of which may be of immense value to the community. As far back as 1913 Frederick L. Hoffman⁸ published a monograph in which he demonstrated the practical value of hospital statistics, using material from Johns Hopkins Hospital for the period 1892 to 1911. In the hospitals of New York City there is a vast amount of information on illness, which could be made available without too great strain on the city's budget. When it is realized that nearly a million patients go through the city's hospitals annually and that another million are seen in outpatient departments, the potentialities of the mass of information in hospital record departments becomes apparent. A system of utilizing them may be the first step toward the development of a system embracing sickness data from other sources.

Efforts to use the morbidity information from the hospitals of this city have been made from time to time for many years. In 1913 the late Dr. Charles F. Bolduan⁹ suggested a practical plan for gathering hospital statistics. This plan was not even tried out until ten years later, when the Hospital Information Bureau of the United Hospital Fund of New York made an arrangement with six general hospitals to cooperate in an experiment for a year or two.^{10, 11} The method was found to be practicable, but it was never pursued farther. The only experience in New York City with the reporting of hospital data was a WPA project sponsored by the Departments of Health and Hospitals and carried out by the Welfare Council in 1933, known as the Hospital Discharge Study.¹² When the Hospital Council of Greater New York entered upon the preparation of its Master Plan for Hospitals and Related Facilities some twelve

years later, these were the only data available to guide the Council in making its estimates of the needs for hospital service and other phases of the plan. From many points of view, the discharge study has amply demonstrated the value of a centralized system of reporting hospital morbidity statistics.

The Committee on Public Health Relations of The New York Academy of Medicine has for many years been interested in making available to the community its pathometric pattern, which is basic to public health and social planning. We recommended to the Department of Hospitals when it was first organized in 1929 that a morbidity reporting system be established for its own hospitals. A year or two later, when Dr. Greeff was Commissioner of Hospitals, a central hospital morbidity reporting office was established. Under the direction of Dr. Caroline Martin, it proved to be of much value in the administration of the municipal hospitals and it still continues with Dr. Marta Fraenkel as the director.

In 1948 the Committee on Public Health Relations of The New York Academy of Medicine joined with the Hospital Council and the Greater New York Hospital Association in recommending that the work of the morbidity reporting office in the Department of Hospitals be extended to all hospitals. It was understood that funds were available to set the plan in motion as of January 1, 1949. Subsequently we were informed that a cooperative office had been set up by the Department of Hospitals and the Department of Health and that before the system was installed in all hospitals, a pilot study would be made in three municipal and three voluntary institutions. In 1950 we provided professional advice to the central office on a summary list of diagnoses to be used in the coding of reports from the hospitals. For lack of funds, however, the experiment never got under way.

Prior to our taking up this matter anew with the Mayor and the Board of Estimate we learned that the Board of Trustees of the Russell Sage Foundation has made a grant which will enable the two departments to carry forward the project on an experimental basis.

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TO BE HELD BY

THE NEW YORK ACADEMY OF MEDICINE

2 East 103 Street, New York, N. Y.

APRIL 23 AND 24, 1952

The New York Academy of Medicine will hold meetings Wednesday and Thursday evenings, April 23 and 24, 1952, at which investigators of New York City and vicinity may present results of original research in Clinical Medicine.

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